	C 2	·OS or OOO	10 MLIT M	IC Do	A 10 PAY CC	100 APPOINT	iled 01/23/2	000 Pag	10 1 of 1	
Case 2:06-cr-00218-MHT-WC Document 124 Filed 01/23/2008 Page 1- 1. CIR./DIST./DIV. CODE 2. PERSON REPRESENTED VOUCHER NUMBER ALM Morris, George									je rori	
3. MAG. DKT/DEF. NUMBER			4. DIST. DKT/DEF. NUMBE 2:06-000218-001		R 5. APP	5. APPEALS DKT/DEF. NUMBER		6. OTHER DKT. NUMBER		
7. IN CASE/MATTER OF (Case Name) 8. PAYMENT CAT U.S. v. Morris Felony				CATEGORY		PERSON REPRESENTED		10. REPRESENTATION TYPE (See Instructions) Criminal Case		
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offer 1) 18 1542.F FALSE STATEMENT IN APPLICATION/U						ense, list (up to five) major offenses charged, according to sever				
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS HAMM, DANIEL G. 560 South McDonough Street Suite A					IX O □ F:	13. COURT ORDER      O Appointing Counsel   C Co-Counsel     F Subs For Federal Defender   R Subs For Retained Attorney     P Subs For Panel Attorney   Y Standby Counsel     Prior Attorney's Name:				
MONTGOMERY AL 36104					☐ Beca	Appointment Date:  Because the above-named person represented has testified under oath or has				
Telephone Number: (334) 269-0269 otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in I tem 12 is appointed to represent this person in this case,									quire, the	
Daniel G. Hamm, Attorney At Law										
560 South McDonald Street Suite A					Signa	Signatur of Presiding dudicial Officer or By Order of			of the Court	
Montgomery AL 36104					Repaym	Date of Order  Nunc Po Tunc Date Repayment or partial repayment ordered from the person represented for this service at				
time of appointment.										
	CATEGORIES (Attach itemization of services with dates)			)	HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT	ADDITIONAL REVIEW	
15.	a. Arraignment an				-					
	b. Bail and Detenti								<del></del>	
I	c. Motion Hearings d. Trial e. Sentencing Hearings									
n							-			
C o	f. Revocation Hearings									
u r	g. Appeals Court		<del></del>							
t	h. Other (Specify o	n additional she	ets)							
	(Rate per hou		****	TALS:						
16.	a. Interviews and (		, 10	TALS:		***				
O u	b. Obtaining and reviewing records									
t o	c. Legal research and brief writing									
f	d. Travel time									
C o u	e. Investigative and Other work (Specify on additional sheets)									
ŗ	(Rate per hou			TALS:						
17.	Travel Expenses		g, meals, mileage, o					<del></del>		
18.	Other Expenses		ert, transcripts, etc.							
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM TO					/ICE		APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION  21. CASE DISPOSITION			
22. CLAIM STATUS   Final Payment   Interim Payment Number     Supplemental Payment   Supplemental Payment   Supplemental Payment   YES   NO   If yes, were you paid?   YES   NO   NO   If yes, were you paid?   YES   NO   NO   If yes, were you paid?   YES   If yes, wer										
Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything or value) from any other source in connection with this representation?  YES NO If yes, give details on additional sheets.										
I swear or affirm the truth or correctness of the above statements.  Signature of Attorney:										
23.	N COURT COMP. 24. OUT OF COURT COMP. 25. TRAVEL E				EL EXPENSES	26. OTHER EXPENSES		27. TOTA	27. TOTAL AMT. APPR / CERT	
28.	28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER					DATE		28a, JUDG	28a. JUDGE / MAG. JUDGE CODE	
	IN COURT COMP. 30. OUT OF COURT COMP. 31. TRAVEL EX					32. 07	32. OTHER EXPENSES		33. TOTAL AMT. APPROVED	
<ol> <li>SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.</li> </ol>						DATE	-	34a. JUI	OGE CODE	